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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	005092.00029
First Named Inventor	Strand, David
COMPLETE IF KNOWN	
Application Number	10/033,315
Filing Date	December 27, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Microfluidic Substrate Assembly & Method for Making Same

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) **December 27, 2001** as United States Application Number or PCT International

Application Number **10/033,315** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input checked="" type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/239,010	10/06/2000	
60/239,063	10/06/2000	
60/238,805	10/06/2000	

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US01/31333	October 5, 2001	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number 22910 OR ☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 22910 OR ☐ Correspondence address below

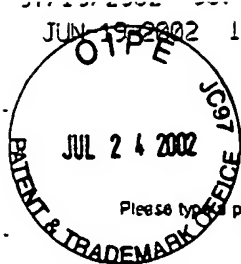
Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
David		Strand	
Inventor's Signature	<i>David M. Strand</i>		Date
Residence: City		State	Country
Sherborn		MA	USA
Post Office Address		Citizenship	
16 Nason Hill Lane		USA	
Post Office Address			
City	State	ZIP	Country
Sherborn	MA	01770	USA

☒ Additional Inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Joseph				Antocci			
Inventor's Signature		<i>Joseph Antocci</i>			6/24/02		Date
Residence: City	Leominster	State	MA	Country	USA	Citizenship	USA
Post Office Address 101 Old Farm Road							
Post Office Address							
City	Leominster	State	MA	ZIP	01453	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Peter				Myers			
Inventor's Signature					Date		
Residence: City	Bromborough, Wirral	State		Country	United Kingdom	Citizenship	United Kingdom
Post Office Address 19 Woodlea Close							
Post Office Address							
City	Bromborough, Wirral	State		ZIP	L626DL	Country	United Kingdom
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
David				Barrow			
Inventor's Signature					Date		
Residence: City	Cardiff, Wales	State		Country	United Kingdom	Citizenship	United Kingdom
Post Office Address 61 Lake Road West, Roath Park							
Post Office Address							
City	Cardiff, Wales	State		ZIP	SA59DJ	Country	United Kingdom

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Supplemental Sheet
Page 1 of 3

DECLARATION **ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Joseph				Angeles			
Inventor's Signature				Date			
Residence: City				State		Country	
Loominster				MA		USA	
Post Office Address				10 Old Farm Road			
Post Office Address							
City				State		ZIP	
Loominster				MA		01453	
Country				USA			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Peter				Myers			
Inventor's Signature				Date			
Peter Myers				26/6/2002			
Residence: City				State		Country	
Bromborough, Wirral				UK		United Kingdom	
Post Office Address				19 Woodlee Close			
Post Office Address							
City				State		ZIP	
Bromborough, Wirral						CH62 6DU	
Country				United Kingdom			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
David				Barrow			
Inventor's Signature				Date			
Residence: City				State		Country	
Cardiff, Wales						United Kingdom	
Post Office Address				61 Lake Road West, Roath Park			
Post Office Address							
City				State		ZIP	
Cardiff, Wales						CA50DJ	
Country				United Kingdom			

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Page 1 of 2

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joseph		Antocci	
Inventor's Signature	Date		
Residence: City	Leominster	State	MA
		Country	USA
Post Office Address	101 Old Farm Road		
Post Office Address			
City	Leominster	State	MA
		ZIP	01453
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Peter		Myers	
Inventor's Signature	Date		
Residence: City	Bromborough, Wirral	State	
		Country	United Kingdom
Post Office Address	19 Woodlea Close		
Post Office Address			
City	Bromborough, Wirral	State	
		ZIP	L626DL
		Country	United Kingdom
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
David		Barrow	
Inventor's Signature	Date		
	6/21/02		
Residence: City	Cardiff, Wales	State	
		Country	United Kingdom
Post Office Address	61 Lake Road West, Roath Park		
Post Office Address			
City	Cardiff, Wales	State	
		ZIP	CA59DJ
		Country	United Kingdom

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Joseph				Cefai			
Inventor's Signature				Date		30/6/02	
Residence: City	Swansea, Wales	State		Country	United Kingdom	Citizenship	United Kingdom
Post Office Address: 14 Quarry Road							
Post Office Address:							
City	Swansea, Wales	State		ZIP	SA59DJ	Country	United Kingdom
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tim				Myers			
Inventor's Signature				Date			
Residence: City	Wirral	State		Country	United Kingdom	Citizenship	United Kingdom
Post Office Address: 1, Hyacinth Grove							
Post Office Address:							
City	Wirral	State		ZIP	CH46 1SW	Country	United Kingdom
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address:							
Post Office Address:							
City		State		ZIP		Country	

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unnamed inventor

Given Name (first and middle (if any))

Family Name or Surname

Joseph

Captai

Inventor's
Signature

Date

Residence: City

Swansea, Wales

State

Country

United Kingdom

City/State

United
Kingdom

Post Office Address

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Post Office Address

City

Swansea, Wales

State

Country

SA39D

Country

United Kingdom

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unnamed inventor

Given Name (first and middle (if any))

Family Name or Surname

Tim

Myers

Inventor's
Signature

Date

Residence: City

Wyrall

State

Country

United Kingdom

City/State

United
Kingdom

Post Office Address

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State

Country

CH46 1SW

Country

United Kingdom

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unnamed inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

City/State

Post Office Address

Post Office Address

City

State

Country

City/State

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DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:

[illegible]

Additional provisional applications:

Application Number	Filing Date (MM/DD/YYYY)
60/238,390	10/06/2000

Additional U.S. applications:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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